

AC 4468

North Riding of Yorkshire County Council.

ANNUAL REPORT

OF THE

County Medical Officer of Health

For the Year 1923.

I beg to present to the Public Health, Housing and Sanitary Committee my report for the year ended December 31st, 1923.

The returns show a rate of infantile mortality below that of preceding years ; a birth rate approximating that for the Country as a whole, and a death rate, although lower than in previous years, slightly higher than that of England and Wales.

Private enterprise appears to have made little contribution towards a solution of the housing difficulty, and the supply of houses in a number of districts remained inadequate.

H. MASON,

County Medical Officer of Health.

County Hall, Northallerton,

July, 1924.

Annual Report of the County Medical Officer of Health

For the Year ended 31st December, 1923.

PREFACE.

Area of Administrative County, 1,358,005 acres.

Population for purposes of Birth Rate	..	314,800
„ „ „ Death Rate	..	312,992

Sanitary Districts :—

4 Boroughs.
13 Urban Districts.
21 Rural Districts.

VITAL STATISTICS FOR 1922 and 1923.

				1923.	1922.
Birth Rate (Administrative County)—					
(Per 1,000 estimated population)	..	..		19·8	20·5
Death Rate (all causes)	..	..	..	12·1	12·7
Zymotic Death Rate	..	..	..	0·5	0·4
Phthisis	„	..	..	0·9	1·0
Respiratory	„	..	..	0·8	1·0
Cancer	„	..	..	1·3	1·2
			(Per 1,000 population.)		
				1923.	1922.
Infantile Mortality—					
(Namely, number of deaths under one year per					
1,000 births)	..	..	..	69·7	78·1

GENERAL INFORMATION.

Generally speaking the Administrative County is divisible into three parts—to the West the area is mountainous, moorland on the East, and in the Centre part of the vast plain of York. The Western area is a part of the Pennine Chain, the highest part is Mickelfell (2,591 feet) : there are fifteen other summits in that part which attain an elevation of 2,000 feet and upwards. The Cleveland and Hambleton Hills constitute the Eastern portion, a region of moorland, the highest point not exceeding 1,500 feet.

The greatest length is some 78 miles, from a point near to Hawes to one in close proximity to Filey. The greatest breadth North to South is from Redcar to York, and the longest line it is possible to draw is 87 miles from the extreme N.W. to the sea near to Filey Brigg (Gristhorpe). The extent of the littoral from the Tees Estuary to Filey Brigg is 60 miles. In a general description it may be stated that in the Western part of the County the population is for the greater part situate in the Valley, whilst in the Eastern portion it is on a more or less elevated position and surrounded by moorland.

Rivers.

The Tees and Ouse along with the littoral form the most prominent features of the boundary which in other parts follows the watershed of the Pennines or its outlying spurs. The Tees, which is tidal to a point near to Yarm, is a river of much importance : the Municipal Borough of Thornaby-on-Tees and the Eston Urban Area are closely associated with the trade of the Port of Middlesbrough. Apart from the Ouse, the waterways of the County are not navigable for commercial craft except the smallest size, and, from the public health point of view, it is important that their pollution should be prevented.

Industries.

The area in the North Eastern portion (the Cleveland Area) is associated with the iron and steel industry ; linoleum works are situate at Northallerton, and the manufacture of linen is carried on near to Northallerton, otherwise the chief employment is that of agriculture.

POPULATION.

The population of the Administrative County as estimated for 1923 by the Registrar General was 314,800, an increase on the previous year of approximately 1,300. Of these some 56% were in the urban districts and 44% in the rural areas.

Prior to 1923 there was an appreciable and varying non-civilian population in and around the Municipal Borough of Richmond, but with the more or less complete dispersal of the camp at Catterick, separate figures for the year under review are not considered necessary. Although the County Council has no information as to the future of what was an extensive military encampment, the activities which are obvious, such as the renovation of the hutments and other appurtenances, seem to indicate that in the near future an appreciable increase of non-civilian population will take place.

BIRTHS.

The births registered during the year totalled 6,242—a decrease of 196 as compared with the previous year. The nett birth rate was 19·8 per 1,000 of the population, whilst that for the whole of England and Wales was 19·7. A reference to the following table shows a progressive and marked decrease when comparison is made with the rate which obtained in 1920.

		Birth-rate per 1,000 total population.				
		1919.	1920.	1921.	1922.	1923.
North Riding : Urban Districts	..	21·8	28·5	24·8	22·0	21·1
Rural Districts	..	17·2	23·9	20·0	18·6	18·2
Administrative County	..	19·8	26·5	22·7	20·5	19·8
England and Wales	..	18·5	25·4	22·4	20·6	19·7

Amongst the Urban Districts the following had a higher birth-rate when compared with that of the County as a whole :—

Eston (27·0) ; Skelton and Brotton (22·1) ; Thornaby-on-Tees (26·4).

The Rural Districts, with the following exceptions, had rates below the average for England and Wales :—

Croft (23·0) ; Guisborough (22·4) ; Northallerton (21·3) ; Pickering (20·8) ; Startforth (21·9).

In Table 1 of the Appendix, the birth rate has been calculated for each district, and the variations from the average of that for the administrative area are shown.

Illegitimate births numbered 371 in the year under review, a rate of 1·1.

DEATHS.

For the year under review the deaths (nett) for the administrative county numbered 3,793, giving a rate of 12·1 per 1,000 population, compared with 11·6 for England and Wales. The rate is slightly lower than the previous 2 years (1921 and 1922), and appreciably so when compared with 1919 and 1920.

		Death-rate per 1,000 total population.				
		1919.	1920.	1921.	1922.	1923.
North Riding : Urban Districts	..	16·1	14·0	12·9	13·1	12·5
Rural Districts	..	15·3	12·9	12·3	12·2	11·6
Administrative County	..	15·8	13·5	12·7	12·7	12·1
England and Wales	..	13·8	12·4	12·1	12·9	11·6

The following districts had higher death rates as compared with that for England and Wales :—

Urban Districts : Pickering (16·7) ; Scalby (14·7) ; Scarborough (13·8).

Rural Districts : Aysgarth (14·1) ; Croft (14·0) ; Easingwold (13·5) ; Kirbymoorside (14·5) ; Pickering (14·3) ; Reeth (13·8) ; Thirsk (14·8).

INFANT MORTALITY.

During 1923, 435 infants under the age of one year died in the administrative county, a rate of 69·7 per 1,000 births, a satisfactory improvement on the previous year, when the rate was 78·1 per 1,000 births.

The decrease in the rate is all the more satisfactory when it is recalled that during the year measles were especially prevalent, a disease particularly liable to affect with fatal results children of tender age.

The rate of infant mortality concerns all who are interested in the welfare of the community. The statement that the infant mortality rate is 69·7 per 1,000 births, in other words that of every 1,000 children born, 70 die before their first birthday, does not completely state the position. Of the survivors, or those who reached the first birthday (how many can be regarded as physically fit ;), there is reason to believe that a number fall below the average physique, yet it is satisfactory to know that each year public attention is more and more being concentrated on the infant, not only in the direction of the conservation of life, but in particular to the maintenance of each child in the highest degree of physical fitness.

Many and varied experiments are and have been tried to accomplish these ends ; organisations such as Welfare Centres, Nursery Schools, &c., have sprung up, educational influences are brought to bear on all classes of the population, and further, legislative measures have considerably helped the efforts of local sanitary authorities.

The following figures state the rates in the urban and rural districts during the preceding years. The rate for England and Wales is also shown :—

		Deaths under 1 year per 1,000 births.				
		1919.	1920.	1921.	1922.	1923.
North Riding : Urban Districts	..	108·2	88·3	93·7	89·4	76·4
Rural Districts	..	93·2	65·4	69·5	60·9	59·6
Administrative County	..	102·5	79·3	84·4	78·1	69·7
England and Wales	..	89·0	80·0	83·0	77·0	69·0

The following districts had the highest rate of infant mortality during 1923 :—

Urban Districts : Malton (111·1) ; Richmond (132·5) ; Scalby (153·8).

Rural Districts : Croft (98·0) ; Leyburn (100·0) ; Thirsk (93·6).

In the districts named the actual number of deaths was small.

Mortality Rate among Illegitimate Children.

Of the 371 births registered as illegitimate, 42 under the age of one year died—a rate of 113.2 per 1,000 births of such children.

Appended is a table showing the rates since 1919, together with the corresponding rate amongst legitimate children :—

Illegitimate children, deaths under 1 year per 1,000 illegitimate births.			Corresponding rate for legitimate births.
1919	..	160.9	102.5
1920	..	126.0	79.3
1921	..	130.4	84.4
1922	..	156.9	78.1
1923	..	113.2	69.7

SPECIFIED DISEASES.

Pneumonia.

231 deaths, as compared with 302 in 1922, were registered ; the highest death rates from this cause were recorded in Thornaby-on-Tees (1.4) ; Eston U.D. (1.2) ; Redcar M.B. (1.3), &c.

Bronchitis and other Respiratory Diseases.

264 deaths due to the above conditions were reported during 1923, a reduction of 38 when compared with the previous year. The highest death-rates were recorded in :—Northallerton U.D. (1.0) ; Saltburn U.D. (1.0) ; Scarborough M.B. (1.3) ; Skelton and Brotton U.D. (1.7) ; Guisborough R.D. (1.2) ; Kirbymoorside R.D. (1.4) ; Malton R.D. (1.2) ; Northallerton R.D. (1.6).

SALE OF FOOD AND DRUGS ACTS.

The County Council is responsible for the administration of these Acts for the whole administrative county with the exception of Scarborough M.B.

Three inspectors and three assistant inspectors are employed under the Food and Drugs, Weights and Measures, and Shops Acts, and the work is under the control of the Chief Constable, from whose records the following particulars have been obtained. The analyses are made by the Public Analyst, B. A. Burrell, Esq., F.I.C., 17, East Parade, Leeds.

SALE OF FOOD AND DRUGS ACTS.
SAMPLES ANALYSED ON BEHALF OF COUNTY COUNCIL, 1923.

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecu- tions.	Convic- tions.
Milk	240	235	5	4	4
Cream	6	5	1	1	1
Butter	39	39	—	—	—
Margarine	21	21	—	—	—
Lard	16	16	—	—	—
Skimmed Milk	1	1	—	—	—
Corn Flour	2	2	—	—	—
Baking Powder	24	24	—	—	—
Preserved Cream	9	8	1	1	1
Oatmeal	2	2	—	—	—
Pepper	17	17	—	—	—
Yeast	13	13	—	—	—
Rice	2	2	—	—	—
Powdered Milk	1	1	—	—	—
Cake Mixture	9	9	—	—	—
Ground Rice	4	4	—	—	—
Cocoa	12	12	—	—	—
Jam	11	11	—	—	—
Sugar	2	2	—	—	—
Whisky	3	2	1	—	—
Olive Oil	2	2	—	—	—
Ground Ginger	4	3	1	1	—
Soap	1	1	—	—	—
Cheese	7	7	—	—	—
Tapioca	2	2	—	—	—
Vinegar	12	10	2	—	—
Ground Nutmeg	2	2	—	—	—
Camphorated Oil	3	3	—	—	—
Sausage	5	5	—	—	—
Brawn	2	2	—	—	—
Glycerine	1	1	—	—	—
Coffee	5	4	1	—	—
Lobster Paste	2	2	—	—	—
Salmon and Shrimp Paste	1	1	—	—	—
Ham and Tongue Paste	2	2	—	—	—
Tea	2	2	—	—	—
Cook's Farm Eggs	1	1	—	—	—
Eucalyptus Oil	2	2	—	—	—
Essence of Almonds	3	3	—	—	—
Green Peas	3	3	—	—	—
Cream of Tartar	4	4	—	—	—
Prepared Pea Flour	1	1	—	—	—
Ground Mace	1	1	—	—	—
Borax	4	4	—	—	—
Mincemeat	3	3	—	—	—
Egg Custard	5	5	—	—	—
Blanc Mange	3	3	—	—	—
Essence of Lemon	8	8	—	—	—
Honey	1	1	—	—	—
Winox	2	2	—	—	—
Shredded Beef Suet	3	3	—	—	—
Ground Cinnamon	3	2	1	—	—
Ground Cassia	2	2	—	—	—
Gregory Powder	2	2	—	—	—
Ground Almonds	2	2	—	—	—
Arrowroot	2	2	—	—	—
Raspberry Crystals	2	2	—	—	—
Breakfast Chocolate	1	1	—	—	—
Sago	1	1	—	—	—
Meat and Malt Wine	1	1	—	—	—
Butter Drops	1	1	—	—	—
Cocoanut Mushrooms	1	1	—	—	—
Gravy Salt	1	1	—	—	—
Compound Mustard	1	1	—	—	—
Fruit Wine Cordial	1	1	—	—	—
Ginger Wine	1	1	—	—	—
Tarragona	1	1	—	—	—
Baked Beans with Pork	1	1	—	—	—
Grape Nuts	1	1	—	—	—
Flowers of Sulphur	1	1	—	—	—
Total	557	544	13	7	6

The local sanitary authorities are responsible for the inspection and supervision of food supplies and of the premises in which these are prepared and sold.

The County Council arranges for the analysis of food and drugs and for prosecutions in the case of offenders against the Sale of Food and Drugs Acts.

MILK AND CREAM REGULATIONS, 1912-1917.

These regulations are administered by the County Council through its Public Health, Housing and Sanitary Committee. The officer concerned with their administration is the Chief Constable, who has kindly given access to his records for the purpose of the following statutory schedule :—

1. Milk ; and Cream not sold as preserved Cream.

	Number of samples examined for the presence of a Preservative.	Number in which Preservative was reported to be present.	Percentage of Preservative found in each sample.
Milk ..	191*	—	—
Cream ..	5	1	0·27%

* 18 of these 191 samples were “ appeal to cow ” samples.

Nature of Preservative in each case Boric Acid.

Action taken under the Regulations in regard to it.—Convicted and ordered to pay costs.

2. Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made	5
(ii) Statements incorrect	1
Total ..	6

(b) Determinations made of milk fat in cream sold as preserved cream.

(i) Above 35 per cent.	6
(ii) Below 35 per cent.	0
Total ..	6

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed 1

(d) Particulars of each case in which the Regulations have not been complied with, and action taken 3*

3. Thickening substances.

Any evidence of their addition to cream or to preserved cream—

Action taken where found —

4. Other observations, if any.

* Preserved cream sold in cafe for consumption on premises ; no declaration made or advantage taken of proviso in Art. V. (2). Opportunity of affording an explanation was given and taken advantage of. Proprietors ordered to be cautioned.

* Failed to affix declaratory label showing presence of boric acid. Explanation received and considered. Proceedings instituted. Convicted and ordered to pay costs.

* Incorrect statement of amount of boric acid present. 0·08% in excess of 0·4% declared. Explanation received considered. Proceedings instituted ; convicted and ordered to pay costs.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

One licence (renewable) was issued for the sale of “ Grade A ” milk.

The need, more especially when it is realised that milk is largely consumed by infants and invalids, for a clean milk supply is obvious, and it is the duty of the milk producer to use every precaution not only at the source of production but also in the course of delivery.

The production of clean milk is not solely dependent on the premises in which it is obtained, but clean premises and clean cattle are important factors in this connection. There is ample scope for improved cowshed conditions—a number are insufficiently lighted, ventilated and cleansed. Lack of proper cleansing means (more particularly where cowsheds are overcrowded) that many milch cows are allowed to get into a filthy condition which militates against the production of clean wholesome milk.

An experience illustrating these two points is related in the report of the Medical Officer for the Rural District of Northallerton.

Milk produced in that area and at the point of delivery outside the administrative area was sampled, and the report was as follows :—

- (a) “ January 30th—Sample taken—Bacterial Count, Micro-organisms found—1,160,000 per c.c.”—a dirty milk.

Necessary steps were taken, the farm visited, the employees interviewed, and a sample taken shortly afterwards revealed what is possible where simple elementary rules of cleanliness are observed and carried out, not only in respect of the individuals in contact with the milch cows, but also in respect of the animals themselves.

- (b) “ Sample taken from same source 4 weeks later—Bacterial Count, 26,866 micro organisms per c.c.”

The University of Leeds and the Yorkshire Council for Agricultural Education issue a pamphlet “ Clean milk and its production,” and I would suggest to each Medical Officer of Health the wisdom of advising his local Sanitary Authority to distribute it gratis to all—both employer and employee—engaged in the trade of milk production.

INFECTIOUS DISEASES.

Table 4 on page 23 summarises the particulars regarding the death-rates from the principal epidemic diseases.

The general position, as judged with the Country as a whole, was satisfactory ; with the exception of the death-rate from measles, the figures are lower. The diarrhoeal rate of 5·4 per 1,000 births, although higher than the previous year (5·0), compares favourably with that of 7·7 for England and Wales ; this rate, which more particularly in the towns and crowded districts is indicative of the measure of attention given to sanitation, remained the same in the Urban Districts, whilst in the Rural Areas there was an increase from 2·0 to 3·2 per 1,000 births as compared with the previous year.

A number of the reports by the Medical Officers of the Rural Districts refer to the need for improved arrangements in public scavenging—irregular removal of refuse, the contents of privies, &c., permit of conditions specially favourable to the contamination of food, a condition closely associated with diarrhoea amongst young children.

In the Urban District of Eston a slightly higher diarrhoeal rate was reported, 8·8 per 1,000 births in 1922 and 9·0 in 1923 ; the rate in Skelton and Brotton was much lower, 11·4 per 1,000 as compared with 14·7 in 1922, whilst in the Municipal Borough of Thornaby-on-Tees, the rate rose from 10·4 in 1922 to 16·6 in 1923.

Measles during the year were prevalent over the whole County. Compared with the death-rate for England and Wales, which was 0·14 per 1,000 population, the Administrative County rate was 0·32—the increase, although noted in both the Urban and Rural Districts, was specially so in the Urban Districts where the rate was 0·51 as compared with 0·01 in the previous year.

The present condition as to housing in the Urban Districts is a factor favouring a high death-rate, not only from measles but also from the other acute infectious diseases which require isolation. A prime factor in this connection is the absence or inadequacy of isolation hospital accommodation. It must, however, be realised that Measles is a preventible disease, and until parents are educated to this fact, the heavy toll in the early years of child life will continue.

Every effort on the part of the Health Visitors was made to bring home to parents the dangers of measles, the means that were to be adopted in safeguarding other children from the disease, and the importance of careful nursing of those affected. However, in spite of these, the death-rate was high—and although the damage inflicted on the survivors cannot be assessed in figures, it must have been very appreciable.

Smallpox.

During the year 3 cases (2 in the Eston Urban District and 1 in the Flaxton Rural), each of a mild type, were reported ; no case was fatal.

The mildness of the type of the disease is apt to cause a real difficulty of administration ; the symptoms may be so slight that medical advice may not be sought ; as it was, the promptitude with which the cases were dealt with by vaccination and re-vaccination, &c., resulted in the arrest of the disease.

Prevention can undoubtedly be attained by vaccination, and so long as there is imperfect vaccination, cases of smallpox will arise. Efficient vaccination is a far cheaper proposition than the cost entailed in the isolation and treatment of an outbreak of smallpox. The gravity of the position will be realised when it is stated that amongst 12,979 school children examined during 1923, 44·8 per cent. were unvaccinated.

Scarlet Fever.

Although the death-rate in the Administrative Area due to scarlet fever was lower than that for England and Wales, the North Riding experienced, as in other areas, a fairly widespread prevalence. The disease was, generally speaking, of a mild type, and the introduction of the disease into certain areas was ascribed to the importation of a mild unrecognised case.

It by no means follows that the infection from a mild case, either of Scarlet Fever or Smallpox, will result in a mild attack—the susceptibility of the individual to the disease is the determining factor.

Provision of Isolation Hospitals.

The position as stated in the report of 1922 holds good, although it is satisfactory to note that there are signs of an awakening to the importance of the provision of isolation accommodation, not only for smallpox but for other infectious diseases.

Isolation hospital accommodation hastily improvised is seldom satisfactory and rarely attains its main object. Moreover, the expense is considerable and often outweighs the cost of the annual upkeep over a number of years of a permanent or semi-permanent hospital.

The following statement is reprinted from the previous year's report. Although certain local authorities have made some provision for the isolation of smallpox and other infectious diseases, it does not necessarily follow it is adequate or satisfactory.

"The following districts have made some provision (though not necessarily adequate or satisfactory) for dealing with outbreaks of smallpox, either by means of special hospitals maintained by the Council, or by arrangements with other districts :—

URBAN : Eston, Guisborough, Loftus, Northallerton, Redcar M.B., Richmond M.B., Saltburn, Scarborough M.B., Skelton and Brotton, Thornaby-on-Tees M.B., Whitby.

RURAL : Croft, Flaxton, Guisborough, Northallerton, Startforth, Stokesley, Wath, Whitby.

The following districts have so far made no definite provision for dealing with cases of smallpox :—

URBAN : Hinderwell, Kirklington, Malton, Masham, Pickering, Scalby.

RURAL : Aysgarth, Bedale, Easingwold, Helmsley, Kirbymoorside, Middlesbrough, Leyburn, Malton, Pickering, Reeth, Richmond, Scarborough, Thirsk.

The following districts have provided isolation hospitals, either alone or in conjunction with other districts. The accommodation is not necessarily adequate in every case for the needs of the district :—

URBAN : Eston, Guisborough, Loftus, Masham, Northallerton, Redcar M.B., Richmond M.B., Saltburn, Scarborough M.B., Skelton and Brotton, Whitby.

RURAL : Aysgarth, Bedale, Northallerton, Startforth, Thirsk, Wath, Whitby.

The following districts have arrangements—not necessarily adequate or fully utilised—for the admission of cases of infectious disease to the hospitals of neighbouring authorities :—

URBAN : Scalby, Thornaby-on-Tees M.B.

RURAL : Croft, Flaxton, Middlesbrough, Richmond, Scarborough, Stokesley.

The following districts have no arrangements for the admission of cases of infectious disease to an isolation hospital :—

URBAN : Hinderwell, Kirklington, Malton, Pickering.

RURAL : Easingwold, Guisborough, Helmsley, Kirbymoorside, Leyburn, Malton, Pickering, Reeth.

The following are extracts from the Annual Reports for 1923 of the several Local Authorities :—

ESTON U.D. "I would again like to point out the pressing need for a new Infectious Diseases Hospital, the present one on several occasions having been taxed to its utmost limit."

GUISBOROUGH U.D. ". . . the present inadequate hospital,"

MALTON U.D. "We have no accommodation for Infectious Diseases nor for Smallpox."

PICKERING U.D. "1923 was an anxious year on account of the widespread cases of Smallpox. The large number of unvaccinated persons, especially among the younger members of the community, and the absence of any Isolation Hospital accommodation, rendered the position of a Sanitary Authority an extremely anxious one. Every week a number of cases of Smallpox are reported, and certain areas appear unable to shake off the infection. These smouldering fires cannot be ignored, as there is a great amount of inflammatory material about."

"The vaccination of all persons is the one and only safeguard. An epidemic in your area would be an expensive matter, in addition to the general loss and damage to trade, etc., through fear of infection."

REDCAR U.D. "I cannot close this annual Report without drawing attention again to the inadequacy and unsuitability of the present Isolation Hospital."

LEYBURN R.D. "There are no hospitals except the Poor Law Institution in the district."

MALTON R.D. "The question of such hospital (Isolation) accommodation should be raised once more. It was shelved owing to the request of the Government for economy, but the fact that we have had light years lately as regards infectious diseases does not justify us in continually shelving the problem."

PICKERING R.D. "Another year has passed and it does not find us any more forward with regard to the establishing of an Isolation Hospital under the proposed joint scheme with your neighbouring authorities. I do hope that this question will not be lost sight of, but that it will again receive your early attention."

VENEREAL DISEASES.

The Clinics, at which free treatment for North Riding patients can be obtained, were the same as in the previous year, viz :—

MEN.**York County Hospital.**

Mondays 3 p.m. to 4 p.m.
Thursdays 6 p.m. to 7 p.m.
Fridays 7-30 p.m. to 8-30 p.m.

WOMEN AND CHILDREN.

Wednesdays 3 p.m. to 4 p.m.
Fridays 7 p.m. to 7-30 p.m.

Leeds General Infirmary.

Tuesdays 3 p.m.
Wednesdays 6-30 p.m.

Mondays 3 p.m.
Thursdays 6-30 p.m.

Darlington General Hospital.

Fridays 5 p.m.

Tuesdays 3 p.m.

Stockton and Thornaby Hospital.

Thursdays 6-30 p.m. to 9-30 p.m.

Tuesdays 3 p.m. to 5 p.m.

Scarborough Hospital and Dispensary.

Tuesdays 5 p.m. to 6 p.m.
Fridays 8 p.m. to 9 p.m.

Mondays 5 p.m. to 6 p.m.
Fridays 9 a.m. to 10 a.m.

The following table summarises the work both of examination and treatment carried out on behalf of North Riding cases during the quinquennial period 1919-1923 :—

	Disease.	Year.				
		1919	1920	1921	1922	1923
A.—Number of North Riding patients attending for the first time	Syphilis	116	204	159	102	60
	Gonorrhoea	103	117	77	75	69
	Other venereal disease ..	2	2	10	13	1
	Disease not venereal ..	52	102	101	152	93
	Total	273	425	347	342	223
B.—Total number of attendances		2495	4320	4267	4200	3983
C.—No. of doses of arsenical drugs given ..		507	1089	1188	905	523
D.—Number of in-patient days		266	110	31	191	146

The figures record a continued decrease in the number of new cases attending both for examination and treatment, and particularly in the number of new cases of syphilis attending for the first time. If the table is a record upon which it is possible to state an actual decrease of the disease it is indeed satisfactory, but a definite statement on this point cannot be made.

Detailed figures regarding the work done at the various clinics are given in the appended table ; it will be seen that at the Stockton and Thornaby Hospital and the Scarborough Hospital and Dispensary the numbers fell considerably when compared with the previous year.

	Year.	York County Hospital.	Leeds General Infirmary	Darlington General Hospital.	Stockton and Thornaby Hospital.	Scarboro' Hospital and Dispensary.	Middlesbrough Clinic.
Number of North Riding patients treated for the first time.	1919	39	3	25	80	89	37
	1920	35	9	28	65	143	143
	1921	31	3	12	78	134	89
	1922	17	1	6	124	138	54
	1923	18	—	11	30	108	56
Total number of attendances of North Riding patients.	1919	119	19	68	1653	446	190
	1920	346	88	179	1238	1015	1452
	1921	323	48	146	900	1403	1447
	1922	242	10	129	1142	1835	832
	1923	302	1	115	813	2080	672
Number of doses of arsenical drugs administered to North Riding patients at the clinic.	1919	51	16	26	191	195	28
	1920	108	38	89	145	540	169
	1921	68	13	76	360	497	176
	1922	82	3	58	259	446	56
	1923	62	—	40	163	258	79

Provision of Drugs, and of Outfits for Pathological Examinations.

These arrangements were continued on the lines outlined in the previous year's report ; 10 medical practitioners in private practice were registered as entitled to supplies of the approved drugs for the treatment of syphilis.

As in the past, the pathological examination of specimens of suspected venereal patients was carried out at the Leeds University and at the Laboratory of Dr. Linton at Scarborough.

MATERNITY AND CHILD WELFARE.

Very few changes in the work occurred during 1923—apart from a slight increase in the amount of the total grant made to Welfare Centres and to District Nursing Associations no extension took place. Although the need for economy was emphasised, no curtailment in the expenditure on this particular work was made. It is satisfactory also to record that there was no decrease in the number of Maternity Scholarships available.

The provision of skilled midwifery nursing is, in a number of districts, a most difficult problem. A good midwifery service is of paramount importance, yet it is disappointing that more applications for Midwifery Scholarships are not received. As it is, the majority of the applications are from those with a training of 3 years nursing who wish to take the Certificate of the Central Midwives Board. The additional qualification increases very considerably the chances of whole-time employment.

The need of the County is for applications for training as midwives from those persons who have interests in the district, and who are not dependent on the work to any great extent for a livelihood, for it must be recognised that opportunities for a reasonable livelihood as a midwife in the County are exceedingly few.

The largest numbers of births attended by individual midwives were as follows :— (164) Thornaby ; (160) Thornaby ; (105) Whitby ; (89) Loftus.

Midwives Act 1902-1918.

The County Council is the Local Supervising Authority under the Act for the whole administrative county excepting the municipal borough of Scarborough, to which the supervising powers have been delegated. The supervision was conducted by Dr. Cheetham, who made 378 visits of inspection as compared with 327 in 1922 ; each midwife was inspected on an average more than 4 times in the year.

The following notices were received from midwives :—

Sending for medical help	..	..	..	182
Still-births	..	..	..	21
Puerperal fever	..	..	..	—
Death of mother	..	..	..	—
Death of infant	..	..	..	2
Laying-out dead body	..	..	..	20
Artificial feeding	..	..	..	10
Liability to be a source of infection	..	..	..	1

Fees paid to Doctors summoned in emergency cases.

Claims were received amounting to £249 5s. 9d., of this total some £18 15s. 0d. only was recovered.

Hitherto no scale for the repayment of the fees was fixed—the amount recoverable from the patient was left to the Doctor in attendance to state when forwarding his account. Commencing June 1st, 1924, a scale approved by the Ministry of Health became operative.

Maternity Exhibitions.

Although, as previously mentioned, the number of applications was disappointing, the award was made in four instances ; each person possessed a certificate of general training in nursing, and it is possible that after a year or two the County will lose the value of the money expended in the training as a midwife.

The subject is so important that I would suggest to each Medical Officer of Health and each medical practitioner the wisdom of bringing influence to bear upon persons suitable for training, and who have ties binding them to the district, to get them to qualify for midwifery practice. The object the Education Committee had in view when making provision for the training of suitable persons, was to encourage those more or less permanently domiciled in the Administrative County.

The midwives who notified their intention to practise during 1923 numbered 86—of these 66 held the certificate of the Central Midwives Board or other recognised certificate, while 20 were untrained or in bona-fide practice prior to the passing of the Midwives Act.

Of the number classified as trained and holding the certificate of the Central Midwives Board, 34 were attached to District Nursing Associations, and 52 independent. The proportion of the number of trained midwives to the bona-fide midwives remains the same as in the previous year, and although certain of the bona-fide midwives attend fewer confinements, they still notify their intention to practise so as to retain the privilege to do so if they choose.

1,435 confinements during 1923 were attended by midwives, a slight increase on the previous year (1,428).

Notifications of sending for medical help are recorded in the following comparative table :—

1919.	1920.	1921.	1922.	1923.
98	118	147	179	182

Welfare Centres.

The following Welfare Centres, which show an increase of one on the previous year, were open during the year :—

(a) Provided by voluntary committees :—

Bedale, Brompton, Great Ayton, Malton, Osmotherley, Redcar, Richmond, Rounton, Great Smeaton, Yarm.

(b) Provided by district or borough councils :—

Brotton, Carlin How, Eston, Guisborough, Lingdale, Loftus, Scarborough, Skelton, Thornaby-on-Tees, Whitby.

The Centre at Carlin How for certain reasons had to close toward the end of the year, but it is hoped that circumstances may permit of an early re-opening.

At the end of the year 15 grants of £25 per annum were being paid by the County Council to Welfare Centres. This financial assistance made it possible for much useful work to be accomplished ; additional help was also given by the Assistant School Medical Officers, and the Instructors in domestic subjects employed by the Education Committee, in the form of a series of practical addresses and demonstrations.

Maternity Homes.

Arrangements are in force with the York and Darlington Authorities to admit cases of complicated labour ; during the year financial responsibility was accepted in one case.

Diseases specially affecting mothers or young children.

Puerperal Sepsis.

Ten cases were notified during the year. The number reported during the previous 4 years was as follows :—

1919.	1920.	1921.	1922.
16	17	3	7

Of the 10 cases notified 2 were under the care of the midwife, and in each case investigations were made. There was 1 death from puerperal fever during the year 1923. In previous years the deaths from this cause were :—

1919.	1920.	1921.	1922.
12	20	5	3

Ophthalmia Neonatorum.

Nine cases were reported in 1923—as against 22 in 1922 and 21 in 1921. One of the cases occurred in the practice of a midwife and careful inquiry was made, and there was no reason to suspect any neglect on the part of the midwife.

Premature Birth, Debility, Malformation.

The number of deaths ascribed to one or other of the above causes was 207 as compared with the previous year of 206. This group is now responsible for much of the mortality amongst children under one year of age—a number of children are born prematurely and cannot survive, others are born with defect, malformation inconsistent with life, and others are the offspring of weakly parents.

Health Visitors.

The Nursing Staff at the end of the year consisted of—

10 whole-time nurses (Part-time health visiting, tuberculosis visiting, and school nursing).

1 whole-time school nurse.

34 part-time nurses employed by nursing associations,

whilst in the urban district of Whitby, the Municipal Boroughs of Richmond and Thornaby-on-Tees, health visitors are appointed and maintained by the Minor Local Authorities.

The following statement summarises the varying activities of the health visitors. (The figures under the various headings show, excepting still-births investigated, ophthalmia neonatorum investigated, and deaths among children, an increase on the previous year.)

	1922.	1923.
Number of ante-natal visits	1407	1540
Number of first visits to recent births	2279	2476
Number of re-visits, first year	6320	7066
" " 1-2 years of age	3499	4530
" " 2-3 years of age	2799	3588
" " 3-4 years of age	1577	2809
" " 4-5 years of age	1510	1830
Number of special visits	1056	1175
Number of still-births investigated	99	85
Cases of ophthalmia neonatorum investigated	5	5
Number of deaths among children	139	117

BLIND PERSONS ACT, 1920.

To the Public Health, Housing and Sanitary Committee were delegated the powers under the above Act. With the exception of the area of the County Borough of Middlesbrough, the whole of the North Riding is, for the purposes of the Act, dealt with by the Committee referred to.

It may be well here to state that (1) the Education Committee are responsible for the education and training of blind children and persons who are capable of receiving and being benefitted by education, (2) the Blind Persons Act Committee (the Public Health, Housing and Sanitary Committee) are concerned with the employment and assistance for the employable together with such activities as may be classified as "Social Work," while (3) Boards of Guardians remain as heretofore responsible for the destitute blind.

From the foregoing statement there would appear the possibility of overlapping and consequent wastage of effort. Although the School Attendance Committee have the responsibility of the education of children of 5-16 years of age who are capable of profiting thereby—the Higher Education Sub-Committee have the duty of the further training of suitable cases after the age of 16, in practice, however, overlapping does not exist because there is complete co-ordination between the Staffs of the Public Health and Education Committees.

On December 31st, 1923, the number of Blind Persons of all ages in the Administrative Area was 191. The following figures are of interest :—

Cleveland Area	..	124
York Area	..	42
Harrogate Area	..	25
		—
Total	..	191
		—

For this information I am indebted to returns made by the following voluntary agencies :—

Cleveland and South Durham Workshops for the Blind.

The York School for the Blind.

Harrogate and District Society for the Blind,

together with information supplied by the Health Visitors and School Attendance Officers. A special form of inquiry was issued, and so far our records are complete.

There are 3 voluntary agencies for the Blind in the County, the Cleveland and South Durham Workshops for the Blind, the Yorkshire School for the Blind with Home Visiting Branch and Industrial Home for Women (Scarborough), and the Harrogate and District Society for the Blind (a small part of the North Riding is included). The Cleveland and South Durham Society's activities extend over the area in the North Riding from a point about Yarm, along the Esk Valley, terminating in the vicinity of Staithes; the Society employ 2 Home Teachers (a sighted and a blind teacher), the blind in the District of Mashamdale are regularly visited by the Harrogate Society, while supervision is exercised over those in the district from York to Scarborough by the York Society.

It will be recognised that the provision for home teaching is inadequate, and it is hoped that in the present year progress will be made to meet the deficiency. The districts West of the main line (Wensleydale, Swaledale and Teesdale) present the greatest difficulty; the number of blind people is small, but the distance from any of the three mentioned voluntary agencies is great; for the time being, however, as the result of the kindly offices of the Convenor of the Harrogate Society, the services of people, interested in the welfare of the blind, have been secured on behalf of the blind situated in these somewhat inaccessible parts.

The Blind Persons Act Committee decided that the best course to adopt was to co-operate as far as was possible with the voluntary agencies, and at the end of the year a grant was made in respect of each North Riding blind person (excepting children for whose maintenance and education the Education Committee were responsible), known to the Cleveland and South Durham Workshops for the Blind; and the Yorkshire School for the Blind also received grants in respect of six workers.

TUBERCULOSIS.

Notification.

260 fresh notifications of cases of pulmonary tuberculosis were received during the year as compared with 195 in 1922; 119 primary notifications were made of other tuberculous conditions as against 85 in 1922.

Notification at the earliest possible stage of the disease is a procedure of the highest importance, not solely in the interest of the person affected, but from the point of view of the welfare of those who have been in contact with the patient—the importance is emphasised by a reference to the number of examinations of "contacts" (451) made during the year, the number exceeds by far that of the previous year.

Although the number of primary notifications received during the year was 379, which is an increase when compared with the previous year, the position regarding notification cannot be considered completely satisfactory as too many notifications of **advanced** cases were received and too few of cases in their **early** stages.

It is a general experience that, owing to the insidious onset of the disease, the individual seeks advice only when his working capacity is reduced—a stage beyond the early—and I would lay special stress on the necessity for prompt notification in order that measures may be taken to deal efficiently, both by examination and supervision, with the contacts.

On receipt of notifications the procedure as outlined in previous reports has been continued, the examination either at the Dispensary or at the home carried out, and, for suitable cases, institutional, dispensary or domiciliary treatment was arranged.

The following tables summarise certain essential information.

(1) Notifications received during 1923 under the Public Health (Tuberculosis) Regulations 1912.

Age-periods.	Notifications on Form A.												Total Notifica- tions on Form A.
	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and up- wards.	Total Primary Notifica- tions.	
Pulmonary—													
Males ..	—	4	8	4	6	16	29	20	12	2	3	104	105
Females ..	1	1	5	8	17	18	24	15	6	1	2	98	99
Non-Pulmonary—													
Males ..	—	10	17	6	3	3	3	—	2	—	1	45	45
Females ..	2	7	15	5	4	4	2	5	2	—	1	47	47

Age-periods.	Notifications on Form B.					Total Notifications on Form B.
	Number of Primary Notifications.					
	Under 5.	5 to 10.	10 to 15.	Over 15.	Total Primary Notifications.	
Pulmonary Males ..	—	—	1	1	2	2
„ Females ..	—	—	1	—	1	1
Non-Pulmonary Males ..	—	2	1	—	3	3
„ Females..	—	1	2	—	3	3

The death-rate for all forms of Tuberculosis was :—1923 (0.9) ; 1922 (1.0) ; 1921 (1.0) ; 1920 (1.1) ; 1919 (1.2).

Death-rates from Tuberculosis in 1923 above the average for the whole County were reported in the following districts :—

Eston U.D., Hinderwell U.D., Pickering U.D., Scarborough M.B., Thornaby-on-Tees M.B., Whitby U.D., Bedale R.D., Kirbymoorside R.D., Leyburn R.D., Malton R.D., Scarborough R.D., Thirsk R.D., Wath R.D., and Whitby R.D.

County Scheme of Treatment.

The Medical Staff remained the same as that of the previous year ; the County Medical Officer acted as Chief Administrative Officer with Dr. J. J. Thomson as Clinical Tuberculosis Officer : the Scarborough Tuberculosis Dispensary continuing under the charge of Dr. S. Fox Linton.

Dr. Thomson’s activity entailed many long journeys covering, with the exception of the Borough of Scarborough, the Administrative Area. It is exceedingly satisfactory to report a continuance of the readiness on the part of the individual practitioners in the County to avail themselves of the services of Dr. Thomson in the investigation of doubtful cases. Although the duties attached to the position of Medical Superintendent at Morris Grange Sanatorium are many, Dr. Thomson was able to keep in close touch with the practitioners and meet the requests for consultation.

Home visiting is an essential part of a scheme for the Control of Tuberculosis. Although there are nurses employed part time in the service of the County (apart from the number of whole-time Nurses in Cleveland), there are many districts as yet with no nursing facilities, and it is hoped that arrangements may soon be possible to meet this deficiency : the scheme already approved for the appointment of 8 whole-time nurses to meet the deficiency was not put into operation : the lack of a complete nursing service constitutes a serious defect in the measures of control. Constant supervision is important to maintain the home in the best hygienic state. Any member (contact) of a household shewing any suspicious signs suggestive of tuberculosis should without delay be referred to the family medical attendant or the Tuberculosis Officer.

INSTITUTIONAL TREATMENT.

During the year under review 98 beds in sanatoria were utilised for the treatment of tuberculous patients.

The following account states the position on December 31st, 1923.

Pulmonary Tuberculosis.

ADULTS.—30 beds (25 for men and 5 for females) were reserved at the Wensleydale Sanatorium at Aysgarth; 7 ex-service men received treatment, 6 at Holywood Hall and 1 at Preston Hall, Kent; altogether during the year treatment was provided for 141 adults (111 were male and 30 females).

Experience showed that the provision for the treatment of female patients was below the actual need, the deficiency has however been met in the course of the past year.

The duration of the treatment was 14.14 weeks as compared with 16.8 in 1922.

Bacteriological Examinations of Sputum.

Towards the end of the year under review arrangements were completed with the North Riding Pathological Laboratory at Scarborough for the examination of sputum—27 specimens were submitted, and the examination of 7 proved positive, *i.e.* contained the tubercle bacillus.

These particular arrangements do not include all authorities, a number already had provided facilities, and for those with none the above arrangements were made.

Adults—Treatment in Sanatoria for Pulmonary Tuberculosis.

	Name of Institution.											
	Aysgarth.		Holywood Hall.		Englethwaite Training Colony.		Middleton in Wharfedale Training Colony.		Preston Hall Training Colony.		TOTAL.	
	M	F	M	F	M	F	M	F	M	F	M	F
A.—Under treatment on 1st January, 1923 :—												
1. Ex-service pensioners ..	5	—	—	—	1	—	1	—	—	—	7	—
2. Other insured persons..	16	2	—	—	—	—	—	—	—	—	16	2
3. Other adults ..	2	5	—	—	—	—	—	—	—	—	2	5
B.—Admitted during 1923 :—												
1. Ex-service pensioners ..	21	—	6	—	—	—	—	—	1	—	28	—
2. Other insured persons..	53	11	—	—	—	—	—	—	—	—	53	11
3. Other adults ..	5	12	—	—	—	—	—	—	—	—	5	12
Total ..	102	30	6	—	1	—	1	—	1	—	111	30

ADULTS.—SURGICAL TUBERCULOSIS.

Three beds were available at the Rutson Hospital, Northallerton, and 11 patients (4 men and 7 women) were admitted: 9 persons were discharged after an average treatment of 26.24 weeks as compared with 18.3 weeks in 1922.

CHILDREN.—SURGICAL TUBERCULOSIS.

The arrangements with the Phillipson's Home at Stannington of the previous year were continued. 20 children (14 boys and 6 girls) were admitted, and after an average of 51.4 weeks' treatment were discharged. The average duration of treatment in 1922 was 50.4 weeks. The arrangements provided for the use by the County of a number not exceeding 15 beds; an average of 13 of these beds were occupied by North Riding patients during the year.

CHILDREN—MORRIS GRANGE. NON-SURGICAL TUBERCULOSIS.

The 52 beds maintained at Morris Grange are reserved to North Riding children suffering from non-surgical tuberculosis.

It is a great pleasure to record the continued success of beneficial work carried on at this Institution. The sanatorium continued full during the year, and subsequent tables summarise the particulars as to the number of children admitted at the various ages, together with details as to the condition present on admission and the result of the treatment.

At Morris Grange the children of parents subject to tuberculosis and who are more easily and more seriously infected than children from healthy parentage were given treatment on the best hygienic and open air conditions, together with food ample in amount and in character to meet the individual requirement. The effect of these conditions was soon shown in the improved nutrition and general well-being of the child, thus the potentially tuberculous child enters a new phase of life, the powers of resistance are increased and a great improvement in the capacity to fight disease is brought about.

Children under treatment at Morris Grange Sanatorium, 1923.

	Ages (years).	Boys.	Girls.	Total.
A.—Under treatment on 1st January, 1923 ..	—	32	20	52
B.—Admitted during 1923 ..	4-5	2	—	2
	5-6	—	—	—
	6-7	—	—	—
	7-8	—	2	2
	8-9	6	1	7
	9-10	7	4	11
	10-11	5	6	11
	11-12	8	3	11
	12-13	6	1	7
	13-14	8	7	15
	14-15	5	6	11
Total ..		79	50	129

129 children received treatment during the year—of these 116 had, as the chief disease, definite or suspected tuberculosis of the lungs or of the glands at the root of the lungs (associated in some cases with enlarged glands elsewhere); the remaining 13 cases were admitted suffering from tuberculous glands in the neck and other parts of the body.

Morris Grange Sanatorium.—Treatment during 1923.

	Boys.	Girls.	Total.
(a) Number of children treated, the chief disease being as stated :—			
(1) Tuberculosis of lungs, suspected or definite	71	45	116
(2) Tuberculosis of glands	8	5	13
Total	79	50	129
(b) Number discharged during 1923 for other than medical reasons	1	2	3
(c) Number of deaths	1	—	1
(d) Number discharged after full treatment ..	44	27	71
(e) Average period of treatment for those in (d) ..	—	—	32.4 wks.
(f) Results in children discharged after full treat- ment :—			
(1) Apparently cured	36	20	56
(2) Greatly improved	8	5	13
(3) Improved	—	—	—
(4) Stationery	—	1	1
(5) Worse	—	1	1

71 were discharged during the year as having completed the course of treatment. The average stay in the sanatorium was 32.4 weeks as compared with 25 weeks in 1922.

There were two cases of infectious disease—one of diphtheria in a girl who had been resident some four weeks, and a case of scarlet fever 6 months after admission. I am pleased to state that no further cases were discovered.

The diet is ample, wholesome and easily assimilated, milk, meat and new laid eggs occupy a prominent part: most of the day is spent in the open air, and there are definite periods of rest in the open air fixed for each child. During the year a scheme of education was formulated: it is the experience of residential sanatorium schools, where educational facilities are provided, that both a stimulus and an interest are aroused which are of definite therapeutic value and helpful in promoting recovery—a long stay at a sanatorium without such provision throws the child upon itself and is likely to promote apathy and listlessness, conditions which are apt to retard recovery. The scheme, together with other essential information, has been forwarded for the approval of the Ministry of Health and of the Board of Education, and the necessary arrangements are in process of completion.

The Health Visitors visited, when requested by the Tuberculosis Officer, the homes of patients: suitable advice was given when necessary, and reports made as to the results of these visits. Extra nourishment was not provided by the County Council, but the United Services Fund and the Emergency Committee of the Red Cross Society gave assistance in a number of cases: assistance was also procurable through the necessary channels of Boards of Guardians and through the War Pensions Committees.

SHELTERS.—9 revolving open air shelters are provided by the County Council : they were continuously in use throughout the year, with excellent results. At the end of the year, patients living at Brignall, Newsham (Barnard Castle), East Layton, Ingleby Arncliffe, Skelton, Danby Wiske, Northallerton Rutson Hospital and two at Middleton Tyas were so provided.

Towards the end of the year, the Minister of Health issued Memo. 286 in which is outlined the detailed procedure of Insurance Practitioners and Tuberculosis Officers, necessary for securing a greater degree of co-ordination between the work of National Health Insurance and the Tuberculosis Service established by Local Authorities.

The various matters mentioned in the circular have in the past formed the basis of a close co-operation between Dr. Thomson and the practitioners ; many of the patients referred to the Dispensary were very often reported upon personally to the patient's own doctor, and from time to time close contact with a case was maintained.

DISPENSARIES.

The dispensaries at South Bank, Scarborough and Northallerton were open throughout the year—at Stockton by arrangement with the Durham County Council a dispensary was opened on September 4th.

The need for an extension of Dispensary facilities is adequately shown by the following figures :—557 patients as compared with 348 in 1922 attended Dispensaries for the first time, while the total attendance during the year reached 3,899 as compared with 2,631 in 1922.

70·7 per cent. of the patients attending for the first time were ultimately diagnosed as tuberculous—the figure in 1922 was 76 per cent.

The reduction of the percentage of the cases ultimately diagnosed as tuberculous (approximately 6 per cent.) does not mean a diminution to that extent of tuberculosis in the district—it tends to show, however, that increasing advantage is being taken of the advice available at the dispensary. It is much more profitable to all concerned that there should be no hesitation on the part of any individual in taking at first hand expert advice regarding any condition of minor ill-health, a condition which may be the commencement of tuberculosis.

Tuberculosis Dispensaries.—Attendances during 1923.

NUMBER OF VISITS BY PATIENTS.					Males.	Females.	Total.
1.	First attendance :—						
	(a)	Ex-service pensioners	..	..	36	—	36
	(b)	Other insured persons	..	..	81	41	122
	(c)	Other patients	..	..	176	223	399
		Total	..	..	293	264	557
2.	Subsequent attendances				—	—	3342
		Total attendances	..	..	—	—	3899
3.	For the 557 patients attending for the first time, the diagnosis was as follows :—						
	(a)	Tuberculosis present	..	..	213	181	394
	(b)	Observation for tuberculosis	..	..	38	41	79
	(c)	Not tuberculous	..	..	42	42	84

I desire here to record the great sense of indebtedness to Dr. Thomson for his continued enthusiasm in the work—the success is due entirely to the cordial relations which exist between his colleagues in the School Medical Service and with the Medical Practitioners, also in a very large measure to the keen interest of the individual patient.

In addition to the arrangements for the institutional treatment of adults and of children suffering from surgical tuberculosis, the following apparatus was provided for children :—

- 1 Poroplastic Spinal Jacket ; 1 Spinal Jacket ; 1 Hip Abduction Frame ; 1 Knee Splint ; 1 Thomas's Hip Splint ; 1 Right Knee Splint ; 1 Thomas's Splint ; and 1 Chance Spinal.

CARE AND AFTER CARE IN TUBERCULOSIS.

No Care Committees were established during the year ; the Public Health, Housing and Sanitary Committee, however, gave the matter consideration. Although the subject is one of considerable difficulty and is as important as it is far reaching, unless some effort is made to control the economical, social and sentimental aspects of tuberculosis, much of the effort put forward in the direction of amelioration is doomed to failure. The majority of cases of Tuberculosis are in the Cleveland Area, consequently the natural corollary is the special need for Care and After Care in that district. Accordingly, it was decided that an effort should be made to establish Committees in the following districts :—

- 1. Thornaby-on-Tees.
- 2. Eston Urban.
- 3. Redcar and Saltburn.
- 4. Guisborough and Skelton.
- 5. Loftus and Brotton.

Later it is hoped to establish Committees to deal with the cases in the rural areas.

The home nursing of tuberculous patients is a matter of importance not solely in the interest of the patient himself but also in connection with the welfare of the household as a whole : during the year under review there were no facilities, however, the matter has now received attention and arrangements have been completed for ameliorative work of this character to be pursued in the district of Thornaby-on-Tees.

X-RAY TREATMENT.

During the year 8 cases have been treated by X-Rays :—4 at the Scarborough Hospital and Dispensary ; 3 at the Stockton and Thornaby Hospital ; and 1 at the North Ormesby Hospital.

REFRACTORIES INDUSTRIES (SILICOSIS) SCHEME, 1919.

The majority of the firms engaged in the Refractories Industries in the County are to be found in the following districts :—Eston, Wensley, Commondale, Castleton and Ravenscar. The appended figures summarise the results of the examinations made by the Appointed Officer (Dr. Thomson). The number of examinations is less than the previous year owing to the directions of the Home Office whereby yearly examinations are restricted to those persons engaged in the more dangerous processes and to the biennial examination of those in the less dangerous branches.

CATEGORY 1.			CATEGORY 2.		
Examinations made.		Exams. to be made.	Examinations made.		Exams. to be made.
1st Exam.	Subsequent Exam.		1st Exam.	Subsequent Exam.	
7	16	Nil.	4	15	Nil.

The number examined at the different works were as follows :—

Normanby Brickworks, Eston	..	29 (including 3 females)
Wensley Quarry	..	2
Commondale Brickworks	..	4
Castleton Quarry	..	5
Ravenscar Brickworks	..	2
Total	..	42

WATER SUPPLIES.

Pollution of Rivers and Streams. **Drainage and Sewerage.** **Closet Accommodation.**
Scavenging.

Previous reports contain detailed statements under these headings, it is therefore not proposed to reprint them here : the following remarks are taken from the Annual Reports of the Local Medical Officers of Health :—

ESTON U.D.—The conversion of the whole of the pan closets in the area proceeded throughout the year in a satisfactory manner.

The system of tips or dumps still continue to be our method of refuse disposal : the official tip in May contained approximately one thousand loads of refuse but . . . in the following month the whole of this accumulation was removed, and the tip is now only used as a collecting station.

There were no pollutions of streams.

GUISBOROUGH U.D.—Practically the whole of the district is supplied by the Guisborough Water Company, whose gathering ground is on the moors South of Guisborough. The water is naturally lead-solvent and has been treated by the Water Company to remedy this, and during the present year the method of treatment has been put on a more satisfactory basis.

LOFTUS U.D.—The water supply . . . on the high lying ground . . . has often been intermittent due to the furring of the mains. Improvement has already been noticed, presumably in consequence of the scraping already done.

NORTHALLERTON U.D.—“ Many of the ashpits are badly placed and matters made worse by the careless habits of the householders who persist in throwing objectionable material, likely to decay, into these places.”

“ Sewage disposal works have now been tested under all conditions, and the result has been uniformly good. The sewage from four sources is not treated at the disposal works but is discharged into the Willow Beck which, during Summer, when it is hot and dry and the beck almost stagnant, show signs of pollution and is objectionable.”

Water supply continues to be sufficient in quantity for present requirements and excellent in quality.

REDCAR U.D.—The improvements in the scavenging by the introduction of motor vehicles, by accomplishing the work more speedily will tend to a greater cleanliness of the borough. The ultimate disposal of the refuse . . . is a problem which becomes more urgent every year. A scheme for the general conversion of closets (pail) to water carriage will be completed in 1924.

SCALBY U.D.—Drainage—a marked improvement on last year.

SKELTON AND BROTON U.D.—The remarks regarding the water supply to the Loftus U.D. are applicable to this district.

AYSGARTH R.D.—Newbiggen, Askrigg—New water supply with 900 yards of pipe line, with service reservoirs of 500 gallons capacity.

Bainbridge—Repairs to reservoir.

The water supplies are on the whole satisfactory, but shortage of water occurred at Hawes and Gayles in July and August. A scheme is on foot to supplement this supply.

Shortage also occurs periodically at Askrigg and the supply is liable to contamination.

Sewage—Disposal of sewage at Bainbridge and West Burton is unsatisfactory and causes pollution of streams, and at Bainbridge was particularly bad last summer. The matter is having consideration. Repairs to sewer outlet have been effected at West Burton.

LEYBURN R.D.—There is no system of scavenging. The clearing of ashpits and privies is very difficult. I again press for the scavenging of the larger villages and for the erection of an incinerator.

Except in Middleham and Leyburn the drainage is haphazard, derelict and obsolete.

MALTON R.D.—No further progress has been made with this important scheme, beyond the fact that Huttons Ambo has now dropped out and is providing a supply for itself.

NORTHALLERTON R.D.—Defects associated with the water supply of Appleton Wiske were remedied ; an improvement in the supply to Borrowby was installed, whilst to Romanby a piped supply of pure water was established.

ROMANBY.—An extension of 168 yards of 8in. sewer was laid to meet the requirements.

BROMPTON.—Effluent from Water End settling tanks is still discharged into the beck above the school : this is a nuisance and a danger to health which should be discontinued.

OSMOTHERLEY.—The only village in the area pouring sewage direct into a water course.

NETHER SILTON.—The old sewer is very defective and should be re-laid.

HARLSEY.—Effluent from East End settling tank is discharged into an open ditch by the roadside and frequently gives rise to nuisance and danger to health.

The diversion and piping in of this effluent together with the installation of small pollution beds before discharge to the Wiske are remedied.

RURAL DISTRICT OF PICKERING.—Thornton-le-Dale again suffered during the past late summer and early autumn months from a scarcity in its water supply. This happens now yearly and becomes a danger to the health of the inhabitants . . . I must now strongly urge your Authority to either proceed with the scheme (already approved) or devise other means of increasing the supply.

Drainage.—There is no efficient and recognised system of sewage disposal within the district : for the most part land drains from houses empty into larger main drains which in turn empty into streams or else into open field gutters which eventually flow into small streams or rivers.

No organised system of disposal of house refuse exists—most of the privies in recent years have been placed on the pail system which does most to prevent the undue accumulation of excreta near to dwellings.

Attention is directed to the need for the prevention of the pollution of the stream at Thornton-le-Dale.

SCARBOROUGH R.D.—At three points in the district the drainage is not altogether satisfactory. At Snainton after complaints about the drainage there, plans were got out for an alteration which would form part of an ultimate drainage scheme, but were turned down by the Parish Council. At Cayton the same condition prevails. The Wheatcroft drainage scheme as approved by the Ministry has not yet been carried out, the delay being due to the difficulty in coming to an agreement for the purchase of the necessary land.

The nature of the water here (Ayton) is such that it would be greatly improved by filtering. The Cloughton and Burniston supply barely meets the needs now and soon some increase will have to be made.

STOKESLEY R.D.—The scavenging at Great Ayton during the past year has been far from satisfactory The contractor appears to take no notice of the agreement with the Council and allows the ash pits and privies to get into a most disgraceful state. The agreement states they should be cleaned out once at least in every five weeks, but they are usually allowed to go about six months and in some cases considerably longer than that : and sometimes he only half empties them.

WATH R.D.—All the sewers and drains have worked satisfactorily, except at Rainton, which is now being relaid and made good.

Water Supply.

Generally speaking the Urban Districts have a satisfactory supply. A number of the Rural Districts, however, depend on wells, the water from which must be very often doubtful as to quantity, quality and distribution. An abundant supply of wholesome water for drinking and domestic needs is essential for health and cleanliness—every house should have an ample supply, and, until this is provided, a serious defect exists in that particular area.

Drainage and Sewerage.

Arrangements in the Urban and Rural Districts vary as to the completeness ; some progress has been made, but in the absence of a satisfactory water supply there are real difficulties.

Scavenging.

Close attention is needed to this very important matter—the established relationship of fly-borne disease to the health of the community should spur every authority to make adequate provision for scavenging. Accumulations of refuse for any period constitutes a danger to health ; an adequate supply of receptacles and regular and systematic removal of the contents is imperative.

Absence of adequate arrangements are noted in connection with the hygienic conditions of the schools in the rural districts. School Managers who are responsible for the maintenance of the buildings in a wholesome condition meet with considerable difficulty when facilities for the prompt removal of contents of privies do not exist.

Housing.

Progress in the building of houses was, during the year under review, very slow, see table 8, page 27 ; comparatively speaking little was done to meet the pressing need in the populated parts, consequently reports from different sources revealed much overcrowding, and this condition was, as previously mentioned, in a measure a contributory cause of an increased death-rate amongst young children from measles, etc., and of conditions conducive to a high rate of infant mortality.

Invariably the reports relating to unsatisfactory housing conditions were referred to the Local Medical Officers of Health, but in view of existing conditions no action could be taken by them owing to the lack of houses.

So long as the housing difficulty persists, ameliorative work in the direction of the treatment of children at Morris Grange and of adults at the various sanatoria will be impeded. The return of the individual to an overcrowded and perhaps insanitary home of necessity increases the risk of relapse.

Town Planning.

As from January 1st, 1923, Urban District Councils are required to prepare schemes for their areas. So far as the North Riding County is concerned this applies to the districts of Eston, Scarborough and Thornaby-on-Tees, and schemes have been prepared in respect of each.

TABLE 1.

DISTRICT.	Estimated population for birth-rate, 1923.	Total Births.	Illegitim- ate Births.	Total birth-rate per 1,000 population	Excess of Births over Deaths. (Natural increase.)	Natural Increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston	32,730	885	27	27·0	423	12·9
2. Guisborough	7,120	139	9	19·4	60	8·4
3. Hinderswell	2,574	40	2	15·5	10	3·9
4. Kirklington	240	4	..	16·7	3	12·5
5. Loftus	9,248	170	7	18·4	95	10·3
6. Malton	4,432	90	11	20·3	33	7·4
7. Masham	2,130	45	2	21·1	18	8·4
8. Northallerton	4,813	91	9	18·9	28	5·8
9. Pickering	3,405	69	9	20·3	12	3·5
10. Redcar	15,240	305	10	20·0	130	8·5
11. Richmond	3,886	83	6	21·4	41	10·5
12. Saltburn	3,814	43	4	11·3	—3	..
13. Scalby	1,448	26	1	17·9	6	4·1
14. Scarborough	37,970	633	48	16·7	110	2·9
15. Skelton and Brotton	15,890	352	14	22·1	171	10·8
16. Thornaby-on-Tees	20,520	541	24	26·4	304	14·8
17. Whitby	12,140	226	16	18·6	82	6·7
Total Urban	177,600	3,742	199	21·1	1,523	8·6
B.—RURAL.						
1. Aysgarth	4,253	76	4	17·9	16	3·8
2. Bedale	6,602	113	10	17·1	36	5·4
3. Croft	2,218	51	2	23·0	20	9·0
4. Easingwold	9,876	188	19	19·0	55	5·6
5. Flaxton	10,110	138	5	13·6	64	6·3
6. Guisborough	8,220	184	8	22·4	112	13·6
7. Helmsley	4,890	85	9	17·4	27	5·5
8. Kirbymoorside	4,833	91	8	18·8	21	4·3
9. Leyburn	6,139	110	3	17·9	31	5·0
10. Malton	5,837	94	6	16·1	36	6·2
11. Middlesbrough	2,472	37	1	15·0	20	8·1
12. Northallerton	7,653	163	14	21·3	84	11·0
13. Pickering	6,005	125	13	20·8	39	6·5
14. Reeth	2,382	44	2	18·5	11	4·6
15. Richmond	9,216	175	19	19·0	87	9·4
16. Scarborough	6,138	80	3	13·0	5	0·8
17. Startforth	4,664	102	8	21·9	56	12·0
18. Stokesley	12,480	227	10	18·2	89	7·1
19. Thirsk	12,410	235	22	18·9	51	4·1
20. Wath	2,065	35	2	16·9	13	6·3
21. Whitby	8,737	147	4	16·8	53	6·1
Total Rural	137,200	2,500	172	18·2	926	6·7
Administrative County ..	314,800	6,242	371	19·8	2,449	7·8

TABLE 2.

DISTRICT.	Estimated population for death-rate, 1923.	Total deaths.	Death-rate per 1,000 population	Deaths under 1 year.	Total infantile mortality per 1,000 births.	Illegit- imate child- ren, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate births.
A.—URBAN.							
1. Eston	32,730	462	14.1	82	92.6	4	148.1
2. Guisborough	7,120	79	11.1	8	57.5	..	..
3. Hinderwell	2,574	30	11.6	1	25.0	..	..
4. Kirklington	240	1	4.2	..	..	..	..
5. Loftus	9,248	75	8.1	8	47.1	..	..
6. Malton	4,432	57	12.9	10	111.1	1	90.9
7. Masham	2,130	27	12.6	4	88.9	..	..
8. Northallerton	4,813	63	13.1	9	98.9	1	111.1
9. Pickering	3,405	57	16.7	3	43.5	..	..
10. Redcar	15,240	175	11.5	24	78.7	2	200.0
11. Richmond	3,621	42	11.6	11	132.5	2	333.3
12. Saltburn	3,814	46	12.1	3	69.8	1	250.0
13. Scalby	1,361	20	14.7	4	153.8	1	1000.0
14. Scarborough.. ..	37,970	523	13.8	42	66.3	5	104.2
15. Skelton and Brotton	15,890	181	11.4	23	65.3	1	71.4
16. Thornaby-on-Tees	20,520	237	11.5	45	83.2	1	41.7
17. Whitby	12,140	144	11.9	9	39.8	..	..
Total Urban	177,248	2,219	12.5	286	76.4	19	95.5
B.—RURAL.							
1. Aysgarth	4,253	60	14.1	5	65.8	1	250.0
2. Bedale	6,602	77	11.7	9	79.6	1	100.0
3. Croft	2,218	31	14.0	5	98.0	1	500.0
4. Easingwold	9,876	133	13.5	7	37.2	2	105.3
5. Flaxton	9,559	74	7.7	7	50.7	2	400.0
6. Guisborough	8,220	72	8.8	11	59.8	1	125.0
7. Helmsley	4,890	58	11.9	5	58.8	1	111.1
8. Kirbymoorside	4,833	70	14.5	3	33.0	..	..
9. Leyburn	6,139	79	12.9	11	100.0	1	333.3
10. Malton	5,837	58	9.9	5	53.2	1	166.7
11. Middlesbrough	2,472	17	6.9	1	27.0	..	..
12. Northallerton	7,653	79	10.3	10	61.3	4	285.7
13. Pickering	6,005	86	14.3	5	40.0	1	76.9
14. Reeth	2,382	33	13.8	3	68.2	1	500.0
15. Richmond	8,311	88	10.6	14	80.0	2	105.3
16. Scarborough.. ..	6,138	75	12.2	5	62.5	..	..
17. Startforth	4,664	46	9.9	5	49.0	..	..
18. Stokesley	12,480	138	11.1	10	44.0	2	200.0
19. Thirsk	12,410	184	14.8	22	93.6	1	45.4
20. Wath	2,065	22	10.6	2	57.1	1	500.0
21. Whitby	8,737	94	10.8	4	27.2	..	..
Total Rural	135,744	1,574	11.6	149	59.6	23	133.7
Administrative County	312,992	3,793	12.1	435	69.7	42	113.2

TABLE 3.

Notifications of Infectious Disease in 1923, as given in the Weekly Returns
rendered by Medical Officers of Health.

DISTRICT.		Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Cholera.	Plague.	Puerperal Fever.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polio-encephalitis.	Encephalitis Lethargica.	Typhus Fever.	Relapsing Fever.	Continued Fever.	Trench Fever.	Dysentery.	Ophthalmia Neonatorum.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuberculosis.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Paratyphoid.	Anthrax.	Acute Influenzal Pneumonia.		
A.—URBAN.																																
1.	Eston. . .	2	339	5	4	2														1	12	51	26			172						
2.	Guisborough . .		18	1	4	31			1											10	9	9										
3.	Hinderwell . .		3									1															31					
4.	Kirklington . .					1															1											
5.	Loftus . .		40			4														1	2	6	7									
6.	Malton . .		1										1								1	4										
7.	Masham . .		2																		1	1										
8.	Northallerton . .		26																		2	1	1									
9.	Pickering . .				1				1													1	1			1						
10.	Redcar . .		60	15		41			1				1							2	10	11	10									
11.	Richmond . .		10			1															1	3				11						
12.	Saltburn . .		5	4		1															1	2	1									
13.	Scalby . .																				1	1				3	2					
14.	Scarborough . .		56	27	4	28			5	1			1							1	11	39	10									
15.	Skelton and Brotton . .		10	16		27			1				1								4	25	13									
16.	Thornaby-on-Tees . .		33	10	2															1	6	12				42	479					
17.	Whitby . .		65	63		28															5	15	16		3							
Total Urban . .		2	668	141	15	164			9	1		1	4							6	66	182	94		3	229	512					
B.—RURAL.																																
1.	Aysgarth . .		1	1	1																	4										
2.	Bedale . .			3																		3				5	30					
3.	Croft . .		6			7																1										
4.	Easingwold . .		17	8		9			1											1	3	6	4			13						
5.	Flaxton . .	1	13	3	5																6	14	1			2			1			
6.	Guisborough . .		26			2																7	5									
7.	Helmsley . .			2		1															1	1				8	3	4				
8.	Kirbymoorside . .		1	6		16															2	3	5									
9.	Leyburn . .		9																			1										
10.	Malton . .		3																	1	2	1										
11.	Middlesbrough . .		7										2								1											
12.	Northallerton . .		6	7	3	1																3	1				30					
13.	Pickering . .					5																				3	82	3				
14.	Reeth . .		4		1	1																1	2									
15.	Richmond . .		19	2	3	8							1								2	3	1									
16.	Scarborough . .		16			2																				14						
17.	Startforth . .		4																			1										
18.	Stokesley . .		17	4		17															1	13	7									
19.	Thirsk . .		15	1		1														1	2	4	1					27				
20.	Wath . .		1			6																3				10	16					
21.	Whitby . .		6	8		3															1	10	6									
Total Rural . .		1	171	45	13	79			1				3							3	21	79	33			55	161	34	1			
Administrative County		3	839	186	28	243			10	1		1	7							9	87	261	127		3	284	673	34	1			

TABLE 4.

DISTRICT.			Scarlet fever.		Diphtheria.		Enteric fever.		Small-pox.		Measles.		Whooping cough.		Diarrhoea under 2 years.	
			Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.																
1.	Eston	..	5	·15	..	..	1	·03	..	..	48	1·5	3	·09	8	9·0
2.	Guisborough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.	Hinderwell	..	..	..	..	..	..	..	..	..	..	..	1	·39	..	..
4.	Kirklington	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5.	Loftus	..	..	..	..	..	..	..	..	..	1	·11	..	..	1	5·9
6.	Malton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7.	Masham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8.	Northallerton	..	..	..	..	..	..	..	..	..	..	..	3	·62	..	..
9.	Pickering	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10.	Redcar	..	..	..	3	·20	..	..	..	..	8	·52	1	·06	..	..
11.	Richmond	..	..	..	..	..	..	..	..	..	2	·55	..	..	2	24·1
12.	Saltburn	..	..	..	..	..	..	..	..	..	2	·50	..	..	..	..
13.	Scalby	..	..	..	..	..	..	..	..	..	..	..	1	·73	..	..
14.	Scarborough	..	..	..	2	·05	..	..	..	..	3	·08	2	·05	2	3·2
15.	Skelton and Brotton	..	..	..	..	..	..	..	..	..	..	..	..	..	4	11·4
16.	Thornaby-on-Tees	..	1	·05	2	·10	1	·05	..	..	25	1·2	2	·10	9	16·6
17.	Whitby	..	..	..	..	..	..	..	..	..	2	·16	5	·41	..	..
Total Urban			6	·03	7	·04	2	·01	..	..	91	·51	18	·10	26	6·9
B.—RURAL.																
1.	Aysgarth	..	..	..	..	..	..	..	..	..	..	..	..	..	1	13·2
2.	Bedale	..	..	..	..	..	..	..	..	..	..	..	1	·15	1	8·8
3.	Croft	..	..	..	..	..	..	..	..	..	1	·45	..	..	1	19·6
4.	Easingwold	..	..	..	..	..	..	..	..	..	1	·10	..	..	1	5·3
5.	Flaxton	..	..	..	..	..	..	..	..	..	..	..	..	..	2	14·5
6.	Guisborough	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5·4
7.	Helmsley	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8.	Kirbymoorside	..	..	..	..	..	..	..	..	..	1	·21	..	..	..	..
9.	Leyburn	..	..	..	..	..	..	..	..	..	..	..	1	·16	1	9·1
10.	Malton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11.	Middlesbrough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12.	Northallerton	..	..	..	..	..	..	..	..	..	1	·13	1	·13	..	..
13.	Pickering	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14.	Reeth	..	..	..	..	..	1	·42	..	..	1	·42	..	..	..	..
15.	Richmond	..	..	..	..	..	..	..	..	..	3	·36	1	·12	..	..
16.	Scarborough	..	..	..	..	..	..	..	..	..	1	·16	..	..	..	..
17.	Startforth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18.	Stokesley	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19.	Thirsk	..	..	..	..	..	..	..	..	..	..	..	1	·08	..	..
20.	Wath	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21.	Whitby	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Rural			..	..	..	..	1	·01	..	..	9	·07	5	·04	8	3·2
Administrative County			6	·02	7	·02	3	·01	..	..	100	·32	23	·07	34	5·4

TABLE 5.

		Pulmonary Tuberculosis.				Other Tuberculosis.				All Tuberculosis.				Influ- enza.		Pneu- monia.		Bronchitis and other respiratory diseases.		Cancer.	
DISTRICT.		Primary Notifications.	Deaths.	Notification-rate per 100 Deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																					
1.	Eston ..	60	31	193·5	·95	19	21	90·4	·64	79	52	151·9	1·6	4	·12	40	1·2	27	·82	31	·95
2.	Guisborough ..	9	3	300·0	·42	9	1	900·0	·14	18	4	450·0	·56	..	..	3	·42	4	·56	8	1·1
3.	Hinderwell ..	..	3	..	1·2	..	..	..	..	..	3	..	1·2	..	..	2	·78	2	·78	4	1·5
4.	Kirklington ..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	4·2	..	..
5.	Loftus ..	8	5	160·0	·54	8	2	400·0	·22	16	7	228·5	·76	1	·11	2	·22	2	·22	6	·65
6.	Malton ..	5	3	166·6	·68	..	1	..	·23	5	4	125·0	·90	2	·45	2	·45	3	·68	7	1·6
7.	Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	·94	3	1·4
8.	Northallerton ..	1	2	50·0	·41	..	..	..	..	1	2	50·0	·41	3	·62	3	·62	5	1·0	9	1·9
9.	Pickering ..	1	3	33·3	·88	1	1	100·0	·29	2	4	50·0	1·2	1	·29	..	..	3	·88	5	1·2
10.	Redcar ..	11	6	183·3	·39	10	1	1000·0	·07	21	7	300·0	·40	3	·20	20	1·3	7	·40	17	1·1
11.	Richmond ..	2	1	200·0	·28	..	1	..	·28	2	2	100·0	·55	..	..	4	1·1	3	·83	..	..
12.	Saltburn ..	1	2	50·0	·52	1	1	100·0	·26	2	3	66·6	·79	2	·52	3	·79	4	1·0	6	1·6
13.	Scalby ..	1	1	100·0	·73	..	..	..	..	1	1	100·0	·73	..	..	..	..	1	·73	3	2·2
14.	Scarborough ..	37	28	132·1	·74	9	12	75·0	·32	46	40	115·0	1·0	12	·32	29	·76	48	1·3	76	2·0
15.	Skelton and Brotton ..	20	8	250·0	·50	13	4	325·0	·25	33	12	275·0	·75	7	·44	5	·31	27	1·7	17	1·1
16.	Thornaby-on-Tees ..	13	20	65·0	·97	..	4	..	·19	13	24	54·1	1·2	1	·05	29	1·4	19	·92	17	·83
17.	Whitby ..	14	11	127·2	·91	17	5	340·0	·41	31	16	193·7	1·3	2	·16	5	·41	6	·49	27	2·2
Total Urban ..		184	127	144·9	·72	87	54	161·1	·30	271	181	149·7	1·0	38	·21	147	·83	164	·92	236	1·3
B.—RURAL.																					
1.	Aysgarth ..	4	..	..	..	..	2	..	·47	4	2	200·0	·47	1	·23	1	·23	1	·23	3	·70
2.	Bedale ..	2	3	66·6	·45	..	3	..	·45	2	6	33·3	·91	1	·15	1	·15	3	·45	10	1·5
3.	Croft ..	1	1	100·0	·45	..	1	..	·45	1	2	50·0	·90	..	..	2	·90	..	..	2	·90
4.	Easingwold ..	7	5	140·0	·51	4	..	..	..	11	5	220·0	·51	1	·10	4	·40	8	·81	15	1·5
5.	Flaxton ..	13	5	260·0	·52	1	2	50·0	·21	14	7	200·0	·73	3	·31	6	·63	6	·63	6	·63
6.	Guisborough ..	8	2	400·0	·24	5	1	500·0	·12	13	3	433·3	·36	1	·12	6	·73	10	1·2	11	1·3
7.	Helmsley ..	..	2	..	·41	..	..	..	..	..	2	..	·41	5	1·0	..	..	2	·41	6	1·2
8.	Kirbymoorside ..	3	5	60·0	1·0	3	..	..	..	6	5	120·0	1·0	4	·83	4	·83	7	1·4	3	·62
9.	Leyburn ..	2	6	33·3	·98	1	2	50·0	·33	3	8	37·5	1·3	1	·16	3	·49	5	·81	11	1·8
10.	Malton ..	1	4	25·0	·68	..	2	..	·34	1	6	16·6	1·0	3	·51	1	·17	7	1·2	10	1·7
11.	Middlesbrough ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	·40
12.	Northallerton ..	4	2	200·0	·26	1	1	100·0	·13	5	3	166·6	·39	..	..	7	·91	12	1·6	10	1·3
13.	Pickering ..	..	1	..	·17	..	..	..	..	..	1	..	·17	7	1·2	3	·50	4	·67	14	2·3
14.	Reeth ..	1	..	..	..	2	..	..	..	3	..	..	..	..	..	1	·42	2	·84	7	2·9
15.	Richmond ..	3	5	60·0	·60	1	1	100·0	·12	4	6	66·6	·72	1	·12	9	1·1	2	·24	5	·60
16.	Scarborough ..	..	6	..	·98	..	1	..	·16	..	7	..	1·1	4	·65	6	·98	2	·33	14	2·3
17.	Startforth ..	1	3	33·3	·64	..	1	..	·21	1	4	25·0	·86	..	..	1	·21	2	·43	6	1·3
18.	Stokesley ..	12	9	133·3	·72	7	1	700·0	·08	19	10	190·0	·80	4	·32	14	1·1	7	·56	6	·48
19.	Thirsk ..	5	10	50·0	·81	1	5	20·0	·40	6	15	40·0	1·2	1	·08	9	·72	12	·97	24	1·9
20.	Wath ..	..	2	..	·97	..	..	..	..	..	2	..	·97	..	..	1	·48	..	..	3	1·4
21.	Whitby ..	9	6	150·0	·69	6	2	300·0	·23	15	8	187·5	·92	1	·11	5	·57	8	·92	11	1·3
Total Rural ..		76	77	98·7	·57	32	25	128·0	·18	108	102	105·9	·75	38	·28	84	·62	100	·74	178	1·3
Administrative County		260	204	127·4	·65	119	79	150·6	·25	379	283	133·9	·90	76	·24	231	·74	264	·84	414	1·3

TABLE 6.

DISTRICT.	Puerperal Sepsis.		Other accidents and diseases of pregnancy and parturition.		Congenital debility and malformation, premature birth.	
	Deaths.	Death-rate per 1,000 births.	Deaths.	Death-rate per 1,000 births.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.						
1. Eston	1	1.1	32	36.2
2. Guisborough..	2	14.4	3	21.6
3. Hinderwell
4. Kirklington
5. Loftus	5	29.4
6. Malton	11	122.2
7. Masham	2	44.4
8. Northallerton	5	54.9
9. Pickering	1	14.5
10. Redcar	3	9.8	13	42.6
11. Richmond	1	12.0	4	48.2
12. Saltburn
13. Scalby	2	76.9
14. Scarborough	1	1.6	1	1.6	18	28.4
15. Skelton and Brotton	1	2.8	15	42.6
16. Thornaby-on-Tees	1	1.8	17	31.4
17. Whitby	4	17.7
Total Urban ..	1	.27	10	2.7	132	35.3
B.—RURAL.						
1. Aysgarth	2	26.3
2. Bedale	2	17.7
3. Croft	4	78.4
4. Easingwold	3	15.9
5. Flaxton	1	7.2
6. Guisborough..	6	32.6
7. Helmsley	3	35.3
8. Kirbymoorside	2	22.0
9. Leyburn	5	45.4
10. Malton	3	31.9
11. Middlesbrough	1	27.0
12. Northallerton	2	12.3
13. Pickering	5	40.0
14. Reeth	1	22.7
15. Richmond	5	28.6
16. Scarborough	3	37.5
17. Startforth	3	29.4
18. Stokesley	1	4.4	6	26.4
19. Thirsk	12	51.1
20. Wath	2	57.1
21. Whitby	4	27.2
Total Rural	1	.40	75	30.0
Administrative County	1	.16	11	1.8	207	33.2

TABLE 7.—DEATHS, with their causes, in each district during 1923.

[illegible]

URBAN DISTRICTS.

TABLE 8.

RURAL DISTRICTS.

	Eston.	Guisborough.	Hinderwell.	Kirklington.	Loftus.	Malton.	Masham.	Northallerton.	Pickering.	Redcar.	Richmond.	Saltburn.	Scalby.	Skelton.	Scarborough.	Thornaby.	Whitby.	Aysgarth.	Bedale.	Croft.	Easingwold.	Flaxton.	Guisborough.	Helmsley.	Kirbymoorside.	Leyburn.	Malton.	Middlesbrough.	Northallerton.	Pickering.	Reeth.	Richmond.	Scarborough.	Starforth.	Stokesley.	Thirsk.	Wath.	Whitby.	
No. of New Houses erected during the year.																																							
(a) Total	38	2	..	-	3	-	0	-	4	61	..	21	2	14	42	54	20	0	..	3	..	..	29	..	7	-	1	5	6	6	6	..	-	1	15	..	2	..
(b) With State Assistance—																																							
(1) By the Local Authority ..	31	0	..	-	0	-	-	-	-	6	..	0	-	14	0	18	0	0	..	0	0	..	0	..	2	-	0	0	-	0	0	..	-	0	-	..	-	..	
(2) By other bodies or persons ..	7	2	..	-	3	-	-	-	-	55	..	21	-	0	42	36	20	0	..	3	..	..	29	..	5	-	1	5	-	6	6	..	-	1	-	..	-	..
A. Unfit Dwelling Houses—																																							
Inspection—																																							
(1) Total inspected for housing defects (under Public Health or Housing Acts)	1398	27	..	-	42	-	-	-	120	17	..	17	1	118	698	580	120	37	..	15	..	..	0	..	92	-	122	15	125	20	-	..	-	913	51	..	49	..
(2) No. of dwelling houses inspected and recorded under the Housing (Inspection of District Regulations, 1910) ..	74	27	..	-	42	-	-	-	-	6	..	8	1	118	0	19	14	0	..	10	..	..	0	..	0	-	-	15	-	8	-	..	-	858	51	..	0	..
(3) No. of houses found to be in a state so dangerous or injurious to health as to be unfit for habitation ..	0	0	..	-	0	-	-	-	-	1	..	0	1	0	74	0	0	0	..	0	..	..	0	..	0	-	-	0	-	4	-	..	-	0	-	..	-	..
(4) No. of houses (excluding heading 3) found not to be in all respects reasonably fit for habitation ..	74	23	..	-	30	-	-	-	-	23	..	8	0	118	583	580	14	5	..	0	..	..	0	..	0	-	-	-	-	4	-	..	-	0	12	..	-	..
B. Remedy of Defects without service of formal notice.																																							
(1) No. of defective houses rendered fit as the result of informal action by the Local Authority ..	26	7	..	-	23	-	-	-	0	23	..	5	0	84	228	403	8	18	..	18	..	..	0	..	1	-	-	-	-	4	-	..	-	103	9	..	23	..
C. Action under Statutory Powers.																																							
(1) Housing & Town Planning Act, 1919.																																							
(a) No. of houses in respect of which notices were issued requiring repairs	0	4	..	-	0	-	-	-	4	0	..	3	1	8	0	57	6	0	..	0	..	..	0	..	-	-	-	-	2	3	-	..	-	0	-	..	0	..
(b) No. of houses rendered fit	0	4	..	-	0	-	-	-	-	0	..	3	0	8	0	66	4	0	..	0	..	..	0	..	-	-	-	-	-	3	-	..	-	0	9	..	0	..
(i) by owner ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	8	0	0	..	0	..	..	0	..	-	-	-	-	-	0	-	..	-	0	0	..	0	..
(ii) by Local Authority in default of owners ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	0	0	0	..	0	..	..	0	..	-	-	-	-	-	0	-	..	-	0	0	..	0	..
(c) No. of houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	0	0	0	..	0	..	..	0	..	-	-	-	-	-	0	-	..	-	0	0	..	0	..
(2) Proceedings under the Public Health Acts—																																							
(a) No. of houses in respect of which notices were issued requiring repairs	1271	0	..	-	0	-	-	-	-	0	..	0	0	0	355	215	20	0	..	0	..	..	0	..	28	-	-	-	-	3	-	..	-	146	0	..	0	..
(b) No. of houses rendered fit—	1060	0	..	-	0	-	-	-	-	0	..	0	0	0	325	41	119	0	..	0	..	..	0	..	20	-	-	-	-	3	-	..	-	218	0	..	0	..
(i) by Owner ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	8	23	0	0	..	0	..	..	0	..	-	-	-	-	0	-	..	-	0	0	..	0	..	
(ii) by Local Authority in default of owners ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	0	0	0	..	0	..	..	0	..	-	-	-	-	-	0	-	..	-	0	0	..	0	..
(3) Proceedings under Sections 17 and 18 of the Housing and Town Planning, &c. Acts, 1909—																																							
(a) No. of representations made with a view to the making of Closing Orders	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	0	0	0	..	0	0	..	-	-	-	-	0	-	..	-	0	0	..	0	..	0	..
(b) No. of Closing Orders made ..	0	0	..	-	0	-	-	-	-	1	..	0	0	0	0	0	0	0	..	0	0	..	-	-	-	-	0	-	..	-	0	0	..	0	..	0	..
(c) No. of houses made fit in respect of Closing Orders made ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	0	0	0	..	0	0	..	-	-	-	-	0	-	..	-	0	0	..	0	..	0	..
(d) No. of houses in respect of which demolition orders were made ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	0	0	2	0	..	0	0	..	-	-	-	-	0	-	..	-	0	0	..	0	..	0	..
(e) No. of houses demolished after order made ..	0	0	..	-	0	-	-	-	-	0	..	0	0	0	5	0	0	0	..	0	0	..	-	-	-	-	0	-	..	-	0	0	..	0	..	0	..

I am,
Mr. Chairman, My Lord and Gentlemen,
Your obedient Servant,
H. MASON,
County Medical Officer

